#### OFFICE OF LICENSURE AND CERTIFICATION

#### **ONLINE REPORTING INSTRUCTIONS**



## To access Launchpad:

1. Type <a href="https://apps.sd.gov/DP42Launchpad/logon.aspx">https://apps.sd.gov/DP42Launchpad/logon.aspx</a> into your web browser. This program works best using Google Chrome. Save this page to your desktop or favorites for easy access.

The Launchpad home page should appear where healthcare providers can submit mandatory reports and complete annual facility licensure renewal forms to the SDDOH.

- 2. Type in your login nsph##### and password. The password is case sensitive.
- \*If your password doesn't work, please contact the Complaint Coordinators to reset it.
- \*The same login and password are also used for licensing; it is facility specific and not user specific.
- \*If your facility has several people reporting through Launchpad make sure they understand if they change the password, they need to share it with everyone else.

To submit reports, click on the PH91HcOsr application link and then click on the Online Report Forms link located in the blue left-hand column.

- 1. For an initial report, click on the Add New button located on the bottom left-hand side of the page. This will bring up a blank online report form. Under the Report Type click the in front of Initial.
- 2. Type in facility name and select correct provider name and license number from drop down options; this will auto populate the facility contact information.
- 3. To change the facility email contact information add or delete the person's email address to this section. The change will remain for each subsequent report.

Each email needs to be separated by an; with nothing after the last email address. Each email address(es) will receive notifications regarding submitted reports.

- 4. Complete all the mandatory fields which are marked with an asterisk (\*).
- 5. Type an account of what happened in the box under Provide a brief explanation of event being reported. Please include:

Full name(s) of patient/resident/personnel/family/visitors involved with the event. No initials.

- If the incident involves personnel, the question Allegation involved facility personnel? should be answered yes and then add the personnel information to the report.
- If the incident involves a resident, under the Allegation Type the patient to patient/resident to resident option in the dropdown box should be selected.

If applicable include vital signs, nursing assessment, and outside medical treatment sought.

- 6. **Notify law enforcement and DHS** for any incident or event involving an attempted suicide or where there is reasonable cause or actual patient or resident abuse/neglect. Document the date, time, who you spoke to, and a case number if available.
- 7. Notify the health department is the date and time the report is submitted. No additional emails to <a href="mailto:DOHOLCcomplaint@state.sd.us">DOHOLCcomplaint@state.sd.us</a> or phone calls to the complaint coordinators is required. Please contact the complaint coordinators if you have questions regarding the incident being reportable or if you need some guidance on interventions/plan of action to ensure resident(s) safety and well-being.
- 8. Type "5 day to follow" in the box Conclusionary summary statement of the facility investigation. The brief account does not need to be repeated in this section.

9. Click on the Submit button at the bottom of the page to submit the report to the DOH. You will receive an email stating the report has been submitted to the DOH.

The report is reviewed by the complaint coordinators with the option to accept or reject the report.

Another email is sent to you affirming the report has been accepted or rejected.

## Reminders when completing the report:

Click on the <u>Save W/O Submitting</u> button at the bottom of the page if you are unable to complete the report to save the data entered.

Date of Birth needs to be entered with two digits, i.e. 02/14/1950

If you have a past incident, a cognizant resident, and/or all the information a final report can be submitted. It should be noted in the narrative, "This is an initial and final report." Remember to mark the report as a final.

## To look for a past report:

Click on the All button (this will check accepted, rejected, submitted, and updated) and then click Search button. This will pull up all your past reports. You can define your search by entering the resident's or patient's first name or last name.

## To submit a final and/or rejected report:

Find the patient/resident report in your queue and click on the dit button at the far left of the report.

For a rejected report - you will receive an email with comments why it was rejected.

- Please copy and paste the comments into the report with your responses.
- Re-submit the report by clicking the submit button.

**For a final report** – you have 5 calendar days (not 5 working days) to complete the final report.

Change the initial report to a final report by clicking the O in front of Final at the top of the report.

For a final report please include:

- All the specific details and interventions implemented to prevent further occurrences in the conclusionary summary statement.
- The root-cause-analysis of the incident actual or suspected cause should be identified.
- Complete the Substantiation and Action section of the report by answering the questions and checking all the actions taken by the facility.
- Submit the report by clicking the submit button.

# If you want to attach documents to the report, please make a comment in the summary "refer to attachments".

The documents will need to be saved in a pdf file. Click on the <u>Save W/O Submitting</u> button at the bottom of the report, then click on the <u>Choose Files</u> button and select the files. Click on <u>Attach File</u> and the file should upload to the report.

If you have problems completing and/or submitting reports, please call our office at 605-367-7499 or 605-367-4640. Thank you. Jolene & Shelly, Complaint Coordinators